

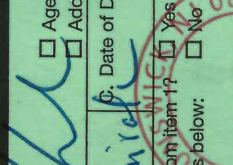
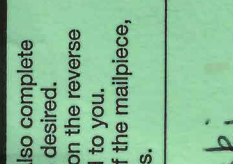


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Occidental Chemical Corp. Occidental Tower 5005 LBJ Freeway, Suite 1350 Dallas, TX 75244 Attention: Frank Parigi, Esq		B. Received by (Printed Name) C. Date of Delivery 8-8-16	
2. Article Number (Transfer from service label) 7015 3010 0000 7503 5845		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Paul Brzozowski Tierra Solutions Two Tower Center Boulevard 10th Floor East Brunswick, NJ 08816		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7005 3110 0000 5967 5656		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, August 2001		Domestic Return Receipt	

COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY	
A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) Henry Kurniawan		B. Received by (Printed Name) Paul Brzozowski	
C. Date of Delivery 8-8-16		C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		PS Form 3811, August 2001	

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 1477 5329 2960 21

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Alice Yeh
New Jersey Remediation Branch
290 Broadway, 19th fl.
New York, NY 10007-1866

08/15



UNITED STATES POSTAL SERVICE

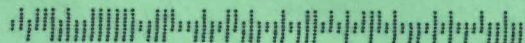


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

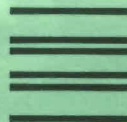
• Sender: Please print your name, address, and ZIP+4 in this box •

Alice Yeh
U.S. Environmental Protection Agency
REGION II
290 Broadway - 19th Fl
New York, NY 10007-1866

71866699



UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Alice Yeh
US EPA Region 2
290 Broadway, 19th Floor
New York, NY 10007-1866

